Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: Gilbert D Martinez

Date Received: 2/20/13   **Applicant Number:** 10311

Recommended Applicant Pool Status:

☑ Included   ☐ Removed

Final Applicant Pool Status:

☑ Included   ☐ Removed

REQUIREMENTS:

1. Was the application received before the submission deadline?   ☑ Yes ☐ No

   If NO, list time/date application was received: _____

2. Is the application complete?   ☑ Yes ☐ No

   If NO, list the item(s) that need to be completed:

3. Indicate how the applicant responded to the following questions:

   A. Student enrolled in a college/university in the City of Austin?   ☐ Yes ☑ No
      If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

      i. Reside in the City of Austin?   ☑ Yes ☐ No

      ii. Registered to vote in the City of Austin?   ☑ Yes ☐ No

      iii. Continuously registered to vote in the City of Austin?   ☑ Yes ☐ No

      iv. Voted in 3 of the last 5 City of Austin general elections?   ☑ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?   ☐Yes ☑No

    If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**   ☐Yes ☑No

    If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?   ☑Yes ☐No

    If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**   ☐Yes ☑No

    If YES, identify issue(s) addressed and disposition:

Application Reviewed By: BL	*Review Date:* 2/21/13
Quality Control Review By: PS	*QC Review Date:* 03/01/2013
Follow-up Contact(s) Reviewed By:	*Date:*